

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L08512 (0)**
1. Corporation Name
RACEWARE U.S.A., INCORPORATED



Principal Place of Business: **223 ALTAMONTE COMMERCE BLVD. STE. 1036 ALTAMONTE SPRINGS FL 32714-2550 US**
Mailing Address: **223 ALTAMONTE COMMERCE BLVD BLDG 1306 ALTAMONTE SPRINGS FL 32714-2550 US**

3. Date Incorporated or Qualified: **08/09/1989**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-2965094**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **AMES, GERALD E. 223 ALTAMONTE COMMERCE BLVD. BLDG. 1306 ALTAMONTE SPRINGS FL 32714**
10. Name and Address of New Registered Agent: **81** Name: **82** Street Address (P.O. Box Number is Not Acceptable): **83** **STE. 1306** **84** City: **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when re-stating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMES, GERALD E.	1.2 NAME	
STREET ADDRESS	263 NEW WATERFORD PL. SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMES, SANDRA K.	2.2 NAME	
STREET ADDRESS	263 NEW WATERFORD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMES, MICHAEL J.	3.2 NAME	
STREET ADDRESS	243 FOXCHASE POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, CRAIG M.	4.2 NAME	
STREET ADDRESS	10 MAPLE TREE CT	4.3 STREET ADDRESS	190 E. ST. CHARLES RD.
CITY-ST-ZIP	ELMHURST IL	4.4 CITY-ST-ZIP	ELMHURST, IL 60126
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, LAURIE K.	5.2 NAME	
STREET ADDRESS	10 MAPLE TREE CT	5.3 STREET ADDRESS	190 E. ST. CHARLES RD.
CITY-ST-ZIP	ELMHURST IL	5.4 CITY-ST-ZIP	ELMHURST, IL 60126
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald E. Ames 1-23-96 407/994-4026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Phone

CR2E034 (12/95)